



MORALE SUPPORT VOLUNTEER Contact form

The role of a Morale Support Volunteer is an event driven position that results in a non-commitment volunteer role. This group assists with specific events on an as needed basis and is not required to volunteer during consecutive events. (i.e. MSV are not a standing pool of volunteers). This form will be used when volunteers are needed for specific tasks and will not be used in any other capacity.

Requirements

- No training required (but encouraged)
- No long term commitment
- Attend planning meetings for events you WANT to help with
- Participate in events you WANT to attend.

How the program works

- Volunteer Requests will be sent via e-mail communication, and via the Volunteer Tracking Tool (VTT) in which you simply reply when you can volunteer and sign up for opportunities.
- All Volunteer hours will be logged through the new VTT. Hours transfer to all military installations.
- Command Awards given for volunteer service.
- Letters of recommendation are available for dedicated volunteers.

Spouse/Family's Contact Information (This information is to be verified from the MWSS 274 Marine's Family Readiness Contact Information sheet)

THIS CONTACT SHEET CONTAINS FOR OFFICIAL USE ONLY (FOUO); THIS DOCUMENT MAY CONTAIN PROTECTED PERSONAL INFORMATION (PII) COVERED BY THE PRIVACY ACT OF 1974. IT IS ONLY TO BE MANAGED AND USED BY THE FAMILY READINESS OFFICER AND AUTHORIZED COMAND PERSONNEL.



MORALE SUPPORT VOLUNTEER Contact form

Name _____ Relationship _____
Last First

Address _____
Street City State Zip

Mailing address (during deployment)

Street City State Zip

Home phone number (____) _____ Cell phone number (____) _____

Email address (while not deployed)

Email address (during deployment)

Children

Name	DOB	M/F	School name	Special care
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Name	DOB	M/F	School name	Special care
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Name	DOB	M/F	School name	Special care
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Continue listing children on back of sheet if more space is needed, indicate list continued.

Authorized to Care for Children (when Volunteering or in the event of an emergency, other than Marine)

Last First

Address _____
Street City State Zip

Home phone number (____) _____ Cell phone number (____) _____

Email address _____

Relationship (mother, father, sister, friend, etc.) _____

Emergency Person of Contact for you (other than your Marine)

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Last First

Address

Street City State Zip

Home phone number (____) _____ Cell phone number (____) _____

Email address _____

Relationship (mother, father, sister, friend, etc.) _____

Pets

Name Breed Age Location

Name Breed Age Location

Volunteer Inquiry

Would you like to participate in any of the following:

____ Newsletter _____ Fundraising _____ Welcome Baby

____ Events/Activities ____ Emergency Care ____ Welcome Aboard Phone Calls/letters

____ Arts/crafts _____ Website design _____ Meals

Have you ever taken a Key Volunteer (KV) Course? Y / N

Have you ever been to a L.I.N.K.S. course? Y / N (at Cherry Point? Y / N)

Would you like to attend a L.I.N.K.S. course? Y / N